

FILED JUL 8 1948 18

Registration District No.

Primary-Registration District No.

1003

Registrar's No.

5819

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 Hrs. 20 Mins
(Specify whether
In this community _____
years, months or days) 0

3. (a) PRINT FULL NAME Clarence Junior Hughes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 29 44
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 5 hr. 20 min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Ocell Hughes15. Birthplace Greenville Mississippi
(City, town, or county) (State or foreign country)16. (a) Informant Arthur M. Howard, R.R. 2(b) Address 2601 N. Whittier Street17. (a) Burial (b) Date thereof JUN 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
CITY CEMETERY

(c) Place: burial or cremation _____

18. (a) Signature of funeral director James Owens(b) Address City, Negeth Dept19. (a) JUN 28 1948 (b) Registrar's signature J. J. Burch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2839 Lucas Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 44 hour 1 minute 00 P. M.21. I hereby certify that I attended the deceased from 5-29
19 44 to 5-30, 19 44
that I last saw him alive on 5-30, 19 44
and that death occurred on the date and hour stated above.Immediate cause of death Prematurity Duration _____Due to UnknownDue to UnknownOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thos. S. Sankla (M. D. or other) _____Address 2601 N. Whittier St. Date signed 6-24-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.